

Provider Inspection Summary
For the period 01/01/2003 to 12/31/2005
Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

Facility Information

Facility Name: LINCOLN TERRACE GROUP HOME (310704)
Address: 2416 S 60TH ST, WEST ALLIS, WI 53219
License Status: REGULAR
Licensed/Certified/Registered 01/01/1999
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095846 **End Date:** 10/18/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007210 Served 11/12/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION		
83.43(3)(b)2	TESTING OF SMOKE DETECTORS		
83.43(5)(a)1	KITCHEN		

Survey ID: 0091909 **End Date:** 01/27/2004 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091331 **End Date:** 10/16/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2003 to 12/31/2005
Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 11/09/2005	SOD #10007210	Appealed: No
-------------------------	----------------------	---------------------

Sanctions

FORFEITURE---83.14(7)(b)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2003 to 12/31/2005
Community Based Residential Facility
CLASS AS (SEMIAMBULATORY)

Complaint History

Date Complaint Received: 09/05/2003

Date Investigation Completed: 10/16/2003

Subject Area(s)

NUTRITION & FOOD SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/21/2003

Date Investigation Completed: 10/16/2003

Subject Area(s)

RESIDENT RIGHTS

NUTRITION & FOOD SERVICES

MEDICATIONS

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SUBSTANTIATED

SOD #

NOT RECORDED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.